Aff cre 1-01 my 2/14

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| **FEE DETERMINATION** | | | |
| **O.I.P.E. CLASSIFIER** | MW | 50 | 01-19-01 |
| **FORMALITY REVIEW** | E T | 926 | 02-08-01 |
| **RESPONSE FORMALITY REVIEW** | Rm | 81 | 05-26-01 |

## INDEX OF CLAIMS

✔ ............................... Rejected
= ............................... Allowed
— (Through numeral)... Canceled
÷ ............................... Restricted

N ............................... Non-elected
I ............................... Interference
A ............................... Appeal
O ............................... Objected

| Claim Final | Original | Date |  |  |  |  |  |  |  | Claim Final | Original | Date |  |  |  |  |  |  |  | Claim Final | Original | Date |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | ✔ | — | | | | | | | | 51 | | | | | | | | | | 101 | | | | | | | | |
| | 2 | ✔ | | | | | | | | | 52 | | | | | | | | | | 102 | | | | | | | | |
| | 3 | ✔ | | | | | | | | | 53 | | | | | | | | | | 103 | | | | | | | | |
| | 4 | O | | | | | | | | | 54 | | | | | | | | | | 104 | | | | | | | | |
| | 5 | O | | | | | | | | | 55 | | = | | | | | | | | 105 | ✔ | | | | | | | |
| | 6 | ✔ | | | | | | | | | 56 | | | | | | | | | | 106 | | | | | | | | |
| | 7 | ✔ | | | | | | | | | 57 | | | | | | | | | | 107 | | | | | | | | |
| | 8 | ✔ | | | | | | | | | 58 | | | | | | | | | | 108 | | | | | | | | |
| | 9 | O | | | | | | | | | 59 | | | | | | | | | | 109 | | | | | | | | |
| | 10 | O | | | | | | | | | 60 | | | | | | | | | | 110 | | | | | | | | |
| | 11 | ✔ | | | | | | | | | 61 | | | | | | | | | | 111 | | | | | | | | |
| | 12 | ✔ | | | | | | | | | 62 | | | | | | | | | | 112 | | | | | | | | |
| | 13 | ✔ | | | | | | | | | 63 | | | | | | | | | | 113 | | | | | | | | |
| | 14 | O | | | | | | | | | 64 | | | | | | | | | | 114 | | | | | | | | |
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| | 16 | | | | | | | | | | 66 | ✔ | | | | | | | | | 116 | | | | | | | | |
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| | 19 | | | | | | | | | | 69 | | | | | | | | | | 119 | | | | | | | | |
| | 20 | | | | | | | | | | 70 | | | | | | | | | | 120 | | | | | | | | |
| | 21 | | | | | | | | | | 71 | | | | | | | | | | 121 | | | | | | | | |
| | 22 | | | | | | | | | | 72 | | | | | | | | | | 122 | | | | | | | | |
| | 23 | | | | | | | | | | 73 | | | | | | | | | | 123 | | | | | | | | |
| | 24 | | | | | | | | | | 74 | | | | | | | | | | 124 | | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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